



1915 S. Corgiat Dr.
Seattle, WA 98108
T 206 343 7443
F 206.343.7445
ECOLIGHTS.COM

RE: Enclosed Manifest: Facility Copy to Generator

Dear Customer,

For your records.

Enclosed please find your fully signed copy of a Hazardous Waste Manifest for the PCB Ballasts removed from your site.

This manifest is returned to you in accordance with the requirement of 40CFRPART761.215. As the generator for the PCB waste, you are required to maintain this signed manifest copy for three (3) years in accordance with 40CFRPART761.209.

This is the first part of a two part process for your waste records. In approximately six to nine months you will receive part two, the Certificate of Disposal completing the records for this waste.

Please do not hesitate to contact me at (206) 436-2906 should you have any questions.

Sincerely,

ECOLIGHTS NORTHWEST LLC
Ally Ganyo
EHS Assistant



2/23



ECOLIGHTS
1915 S. Corgiat Dr.
Seattle, WA 98108
T (888) 214-2327
F (206) 343-7445

Hazardous Waste Manifest Information Form

Form Number:
OF-7.1-01
Revision Number: 4
Date: 03/19/14

(REQUIRED BEFORE PICK-UP IS SCHEDULED)

NOTE: ALL ITEMS LISTED BELOW MUST BE COMPLETED PRIOR TO PICK UP.

- What material are you requesting a pick-up of? Please check one.

4 pallets of Bulbs
 70 4' Boxes
 25 misc Bulb boxes
 5 Boxes 8' Bulbs

☐ Intentionally Crushed Lamps (EPA ID# Required)
☒ PCB Ballasts
- What is your EPA ID NUMBER or can you claim a CFR Exemption? Please check one.

☐ EPA ID Number: (e.x. WAH 000111222)
☒ CFR Exemption (One time Pick-up of PCB Ballasts ONLY)
 Use "40CFR PART 761"
- What is the Name of the Generator (actual building or facility owner)?

GENERATOR NAME: Monroe School District
 ADDRESS: 200 East Fremont St
Monroe WA 98272
 EMERGENCY PHONE # (Unless otherwise indicated, CHEMTREC Emergency Response Number will be used)
360 804 2673
- What is the Name and Address of the location where the material will be picked up?

PICK-UP LOCATION: Transportation Yard
 ADDRESS: 1410 West Main St.
Monroe, WA 98272
 PHONE #: 425 754 0713
- What is the Name of on-site Contact Person Authorized to sign the Manifest at the time of Pick-up?

NAME: John Fry
 PHONE #: 425 754 0713 Email: FRYJ@monroe.wednet.edu
- (For PCBs only), What are the out of service dates required by 40 CFR 761.207 (must be MM/DD/YYYY format)

January 04 2016 01/04/2016
- What is the total number of containers to be picked up? (DOT approved Drums or Pails)

3 Metal Drums
 Pails (5 gallons - must be UN approved)

NEED 1 METAL
 DRUM For FUTURE
 USE
- Who is the Removal Contractor, if any?

NAME: _____
 ADDRESS: _____

If you have additional questions, please contact Ecolights NW for assistance:

Washington (206) 343-7443 Oregon (503) 281-1899 Alaska (907) 561-0544

PAPER COPIES ARE UNCONTROLLED. THIS COPY VALID ONLY AT THE TIME OF PRINTING. THE CONTROLLED VERSION OF THIS DOCUMENT CAN BE FOUND AT U:\Operational & Maintenance Procedures\7.0 Sales\Administrative\Forms\OF-7.1-01 Haz Waste Manifest Info Form Rev. 4.doc

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 40CFRPART761	2. Page 1 of 1	3. Emergency Response Phone 1-800-424-9300	4. Manifest Tracking Number 011677969 JJK		
5. Generator's Name and Mailing Address MONROE SCHOOL DISTRICT 200 EAST FREMONT MONROE, WA 98272 Generator's Phone: (360) 804-2673			Generator's Site Address (if different than mailing address) TRANSPORTATION YARD 1410 WEST MAIN ST. MONROE, WA 98272 JOHN FRY (425) 754-0713				
6. Transporter 1 Company Name TOTAL RECLAIM				U.S. EPA ID Number WAD009482803			
7. Transporter 2 Company Name				U.S. EPA ID Number			
8. Designated Facility Name and Site Address ECOLIGHTS NORTHWEST, LLC 1915 S. CORGIAT DRIVE SEATTLE, WA 98108 Facility's Phone: (206) 767-7142				U.S. EPA ID Number WAH000026371			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
			No.	Type			
	X	1. RQ, UN3432, POLYCHLORINATED BIPHENYLS, SOLID, 9, PGII (PCB CONTAINING LAMP BALLASTS)	3	DM	749	K	
		2.					
		3.					
		4.					
14. Special Handling Instructions and Additional Information *SEE LINE 3:CHEMTREC CUSTOMER # C0N671462 TAKEN OUT OF SERVICE DATE: 01/04/2016 ERG#171 Wear appropriate PPE when handling 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Officer's Printed/Typed Name <u>John Fry</u> Signature <u>[Signature]</u> Month <u>3</u> Day <u>1</u> Year <u>16</u>							
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____						
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name <u>WILLIAM MANS HALL</u> Signature <u>[Signature]</u> Month <u>3</u> Day <u>1</u> Year <u>16</u> Transporter 2 Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
DESIGNATED FACILITY	18. Discrepancy						
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
	18b. Alternate Facility (or Generator) _____ Manifest Reference Number: _____ U.S. EPA ID Number _____						
	Facility's Phone: _____						
	18c. Signature of Alternate Facility (or Generator) _____ Month _____ Day _____ Year _____						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1. H141-STORAGE, BULK TRANSFER OFF-SITE		2. _____		3. _____		4. _____	
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name <u>Jeremy Colyer</u> Signature <u>[Signature]</u> Month <u>3</u> Day <u>2</u> Year <u>16</u>							